

TELEPHONE NO. (Optional):

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

MARRIAGE OF

PETITIONER:

RESPONDENT:

CLAIMANT:

CASE NUMBER:

**NOTICE OF APPEARANCE ☐ AND RESPONSE
OF EMPLOYEE BENEFIT PLAN**

1. An appearance in this proceeding is entered by claimant employee benefit plan (*name*):
2. Service on claimant may be made as follows
 - a. ☐ Attorney for claimant (*name, address, and telephone number*):
 - b. ☐ Other (*name, title, address, and telephone number*):
3. ☐ Claimant responds to the pleading on joinder and states that the allegations of the pleadings are
 - a. ☐ correct
 - b. ☐ incorrect as set forth in ☐ attachment 3b or ☐ as follows (*specify*):

Claimant

By

(TYPE OR PRINT NAME)

(SIGNATURE)